



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

							FILE NUMBER
1. IS THIS AN AMENDMENT?	es ☑ No If Yes	, please ei	nter the file	numbe	er in this bo	α . →	46-20-36
SECTION A. CANDIDATE INF	ORMATION: Fil	in all app	olicable bo	xes as	s fully and	accura	tely as possible.
2. Last Name	First Name		lle Name		Nickname		3. Type of Committee (Check one)
Spevak	Lynne	F					✓ Candidate's Principal Committee ☐ Exploratory Committee
4. Mailing Address (number and street, city, state, a	and ZIP code)		5. FAX (O	ptional)		6. E-mai	Address (Optional)
1001 Roberts St			()			Isper	vak@comcast.net
7. City Star	Part Description	8. County		9. Tel	ephone (Day)		10. Telephone (Evening)
La Porte IN	46350	La Por	te	(219	9 ₎ 363-772	22text	(219) 363-7722
11. Party Affiliation	П он-				ide district numb	er, if any.	Not required for an exploratory committee.)
☑ Democratic ☐ Libertarian ☐ Republican SECTION B. COMMITTEE INF		l in all an	County Au		a fully and	~~~	stali, as passible
13. Full Name of Committee (Do not abbrevia	ite.) Check if this is	a new name.	DIICADIE DO	xes a	S rully ariu	accura	itery as possible.
Committee to elect Lynne F	. Spevak						
14. Mailing Address (number and street, city, state,		if this is a nev	v address. 15. I	FAX (Opi	tional)	16. E-ma	ail Address (Optional)
1001 Roberts St			0)			
17. City Stat	te ZIP Code	18. County		19. Te	elephone		20. Committee Organization Date
La Porte IN	46350	La Por	te	(219	9) 363-772	22text	(mm/dd/yy) 01/27/20
21. Chairperson's Full Name 🗹 Designate	e Candidate as Chairpers	on. Che	ck if this is a new	w chairpe	erson.		
22. Mailing Address (number and street, city, state,	and ZIP code)	if this is a new	address. 23. I	FAX (Opi	tional)	24. E-ma	ail Address (Optional)
25. City Stat	te ZIP Code	26. County	() 27 Te	elephone (Day)		28. Telephone (Evening)
25. 5.19	2.11 5040	20. County		27.31	cicpilotic (Day)		20. relephone (Evening)
29. Bank or Other Depositories (List all banks	s or other depositories in	which the com	mittee deposits	funds, ho	olds accounts, re	nts safety	deposit boxes or maintains funds.)
La Porte Community Feder							,
30. Exploratory Committee (Give brief statement	SAME AND ADDRESS OF THE PERSONS	ratory committee					e committee pay the candidate a salary or h a copy of the contract.) \(\sum \) Yes \(\vec{\mathbf{V}}\) No
	0E TDE 4 0 / DED				New York Control of the Control of t	, 50, 51.45	welvestelland and like to be supported by
SECTION C. APPOINTMENT (32. I, as Chairperson of the fo				di las	Signature	of the Co	mmittae Chairners an
committee, appoint the following pe		nineu rieasu	iei		Signature	or the CC	ommittee Chairperson
Treasurer of the Committee.							
33. Treasurer's Full Name 🗹 Designate ca	andidate as treasurer.	☐ Check if th	is is a new treas	urer.			
34. Mailing Address (number and street, city, state,	and ZIP code)	if this is a new	address. 35. I	FAX (Opi	tional)	36. E-ma	ail Address (Optional)
07.00	710.0	100.0	()			
37. City Stat	e ZIP Code	38. County		39. 16	elephone (Day)		40. Telephone (Evening)
SECTION B. ASSERTANCE O	NE A DECINEMEN	T //O O O)		()
SECTION D. ACCEPTANCE C 41. I give notice that I accept the c				this S	ignature of Pe	arson Ac	centing Appointment
Committee. I am not the chairperso	on of a campaign fir				ignature or r	JISON AC	cepting Appointment
permitted for a candidate committee u	THE RESERVE THE PERSON NAMED IN		Water to M			NAME OF TAXABLE PARTY.	FOR OFFICE LICE ONLY
SECTION E. CERTIFICATION We certify as the candidate and the			of the Com	mittee	and that wo	havo	FOR OFFICE USE ONLY
examined this statement. To the best of	of our knowledge and	d belief it is	true, correct				FILED
42. Typed or Printed Name of Chairper	son Signature of	Chairperso	n/		Date (mm/dd/yy	1	IN CLERKS OFFICE
YNNZ + SPEVAL	John	4-V	port		127.20	∤ Γ	II 4 CLERKS OTTICE
43. Typed or Printed Name of Candidat	te Signature of	Candidate	1		Date (mm/dd/yy		
HUNZ & SEVAN	1 1	21/	man 1		1.27:	20	JAN 2 7 2020
Warning: State law requires that any change							
person who knowingly files a fraudulent report accurate report as required by the Indiana Ca							Keye oad a d
subject to civil penalties (IC 3-9-4-16, IC 3-9-4-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CIE	Pattyle All Alubrich



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes V N

(CFA-4) Summary Sheet

	FILE NUMBER
40	1-20-36
TOTAL PAGE	S IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION		OFFICE AND ADDRESS OF THE ADDRESS.	MAN 123 (5) 148 4 1
		His man retain the service of	
1. Full Name of Committee (as on Statement of Organization) Committee to Elect Lynne F Spevak Committee to Elect Lynne F Spevak	name.		
2. Acronym or Abbreviated Name (if any)	600 SASS	ee Telephone Number	
	(219) 363-7722	
4. Mailing Address (Address where all campaign finance correspondence is received.) 1001 Roberts	Check if this is	a new address.	
5. City, State, ZIP Code		iliation (if applicable)	
La Porte Community Federal Credit Union	Democi	rat	
CANDIDATE INFORMATION (For Candidate's C	Committees	Only)	"是这是" "是国际
7. Full Name of Candidate (Include any nickname.)	NAME OF TAXABLE PARTY.	iliation or If Independent	Candidate
Lynne F. Spevak	Democ	V 70.7	
 Office Sought (Include district number, if any. Not required for exploratory committee.) County Auditor 	10. County La Port	of Residence e	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
✓ Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	atement of Organiza	tion.) Dost-Conv	ention
2. Reporting Period (mm/dd/yy):	75	COLUMN A	COLUMN B
From: 2-1-20 Through: 5-8-20		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0.00	有种的人工事等
14. Cash on hand and investments January 1, current year.	2	Faret 于 于	0.00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		0.00	0.00
15b. Unitemized		0.00	0.00
15c. Add lines 15a and 15b in both columns.	TOTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0.00	0.00
EXPENDITURES			Mark Street
(Note: These amounts include in-kind expenditures and loan repayments.)			40年表现
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00
17b. Unitemized		0.00	0.00
17c. Add lines 17a and 17b in both columns.	BTOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)		0.00	温度的发表。
20. Debts OWED TO the committee (Use Schedule E.)		0.00	
AMMONDERAGON (ST) Filippe (Intel Hint) Sent Sill Hooket Amelian is Escaphing Intel			
CERTIFICATION			OR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS		T AND COMPLETE.	L E D
Signature of Treasurer Title Candidate/Chairman		05/13/20 IN CL	ERKS OFFICE
Signature of Candidate (if applicable)	Date	(mm/dd/yy)	
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose	//C 2 0 4 E1 A	05/13/20 MAY	1 3 2020
files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accur. Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-5)	ate report as re-	quired by the Indiana	
		K	expense hudack
		CLERK OF LA	PORTE CIRCUIT COURT



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

(CFA-4) Summary Sheet

FILE NUMBER

4(0-20-3(0

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	可以是生生		
1. Full Name of Committee (as on Statement of Organization) Check if this is a new Committee to Elect Lynne F Spevak	name.		
2. Acronym or Abbreviated Name (if any) 3. Committee Telephone Number (219) 363-7722text			
4. Mailing Address (Address where all campaign finance correspondence is received.) 1001 Roberts St	Check if this is a new	w address.	
5. City, State, ZIP Code La Porte IN 46350	6. Party Affiliation Democrat	n (if applicable)	
CANDIDATE INFORMATION (For Candidate's C	Committees Only)	
7. Full Name of Candidate (Include any nickname.) Lynne F Spevak	8. Party Affiliation Democrat	n or If Independent	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) County Auditor	10. County of Re La Porte	sidence	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one: ☐ Pre-Primary Pre-Election ☐ Annual ☐ Nomination ☐ Other ☐ Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) ☐ Outgoing Treasurer (Within ten (10) days amend Statement 18, 19, and 20 must be "0".) ☐ Outgoing Treasurer (Within ten (10) days amend Statement 19, and 20 must be "0".)	ntement of Organization.)	Check one: Pre-Conve	
12. Reporting Period (mm/dd/yy): From: May 9-20 Through: 9-9-20		OLUMN A nis Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0.00	
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (Use Schedule A.)		2,000.00	2,000.00
15b. Unitemized		2,000.00	2,000.00
	TOTAL	2,000.00	2,000.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	2,000.00	2,000.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		2,000.00	2,000.00
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	BTOTAL	2,000.00	2,000.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	2,000.00	2,000.00
19. Debts OWED BY the committee (Use Schedule D.)			
20. Debts OWED TO the committee (Use Schedule E.)			in the of the Ad
CERTIFICATION	N 41 12 1 5 2 1 2 2 1 2	EO.	R OFFICE USE ONLY

	FOR OFFICE USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO	THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TI	RUE, CORRECT AND COMPLETE	ILED
Signature of Treasurer	Title Candidate/Chairman	Date (mm/dd/yy) 10-13-20	N CLERKS OFFICE
Signature of Candidate (if applicable)		Date (mm/dd/yy)	OCT 1 A 2020
WARNING: Any Information contained in this report may not files a fraudulent report commits a Level 6 felony. (IC 3-1-Campaign Finance Law commits a Class B misdemeanor, (IC	4-1-13) A person who fails to file a complete or accura	te report as required by the Indiana.	Kongengehaback
		CLERK	OF LA FORTE CIRCUIT COURT



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. Lynne F Spevak 1001 Roberts St La Porte IN 46350	Contributions: Direct In-Kind (describe) Other Receipts:	\$2,000.00	\$2,000.00	June 2020
Contributor's Occupation (if required)	☐ Interest ☐ Loan ☐ Miscellaneous (specify)	4-,	, , , , , , , , ,	
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY	\$ 2,000.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page _	of				

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION			COLUMN B	DATE OF
(Silvet, Hulliber, City, State, 217 Coue)	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	(mm/dd/yy)
La Porte County Democratic Comm 10088 E St Rd 4 Walkerton IN 46574		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$2,000.00	\$2,000.00	June 2020
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	The second second second second	\$ 2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)				6	v!

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?
Yes X No

(CFA-4) Summary Sheet

FILE NUMBER

40-30-36

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1. Full Name of Committee (as on Statement of Organization) Check if this is a new no COMMITIEE TO ELECT LYNNE F SPE	name.	<	*
2. Acronym or Abbreviated Name (if any)	3. Cor	mmittee Telephone Num	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if t	this is a new address.	21
5. City, State, ZIP Code LAPONTE IN 46350		ty Affiliation (if applicable)	
CANDIDATE INFORMATION (For Candidate's Co	No. of Concession, Name of Street, or other		1400mm 100mm 100m
7. Full Name of Candidate (Include any nickname.)		y Affiliation or If Indepe	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	unty of Residence	*
TYPE OF REPORT		CONVEN	TION CANDIDATES ONLY
11. Check one: 're-Primary Pre-Election Annual Nomination Other Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Stater	ement of Or		e: Convention Convention
12. Reporting Period (mm/dd/yy): From: 7820 Through: /2-31-20		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	Mark Control
14. Cash on hand and investments January 1, current year.	*	THE RESERVE	0
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		持续 处一次	是性性的學習作的
15a. Itemized (Use Schedule A.)		360.00	2360.00
15b. Unitemized			
15c. Add lines 15a and 15b in both columns.	OTAL	340,00	2360.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	OTAL	340,00	2360.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	,		
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		360.00	2360.00
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	OTAL	340.00	2360.00
	TOTAL	-03400000	-0 -
19. Debts OWED BY the committee (Use Schedule D.)			是 [1]
20. Debts OWED TO the committee (Use Schedule E.)		4948	
20. Debts Ovved to the committee (ose denotate 2.)		F	end did
CERTIFICATION	HE THE		POR OFFICE USE DICE
TIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU			
Signature of Treasurer Title ANDIDATE CHAIRM Signature of Candidate (f applicable)	MAN	ate (mm/dd/yy) 12-30-20	DEC 3 0 2020
ignature of Santasay (" - Pyyerson,")		ate (mm/dd/yy)	//
The House the VARNING. Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC		A person who knowledge K	Prize Al Andre & OF LA PORTE CIRCUIT COURT
VARNING: Any information contained in this report may not be copied to sale of used to any continential purpose. (IC 3-14-1-13) A person who fails to file a complete or accurate the complete of ac	report as	required by the Indiana	S. DATE CIRCUIT COURT

COMMITTEE INFORMATION



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER		
3 .	n an		
Page	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. LYIUNE SPEUAK - GOUERNAUM 1001 ROBELIS ST LA PORTZ IN 46350	Contributions: Direct In-Kind (describe)	360.00	2360.00	10.29.20
Apr. 10 10 10 10 10 10 10 10 10 10 10 10 10	Other Receipts: Interest Loan Miscellaneous (specify)		5 8 8	CS.
Contributor's Occupation (if required) 2.	Contributions: Direct in-Kind (describe)		x	
	Other Receipts: Interest Loan Miscellaneous (specify)	* ;	N - (8)	. 4.
Contributor's Occupation (if required) 3.	Contributions: Direct In-Kind (describe)		5 - 10 - Fi	
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			N B B
	Other Receipts: Interest Loan Miscellaneous (specify)			8
Contributor's Occupation (if required)	Contributions:			5
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)		# 8 · · ·	
	HIS PAGE OF SCHEDULE A	\$ 365	REVIEW !	
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 3000		

State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMBER			
	(*)			
Page	9	of		

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A NEWS PAPER SELVICES CHARGE LA PORT CO HEARE D- DISPATON TO STATE ST LA PORTZ IN 4 4350	COUNTY AUDITOR	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	360.00	2360.00	10-29-20 02-08-01
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	ALEMPET BETWEE	and and an entire	
le		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	e e	8-	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	-		
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		* (e. "	
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	,		
	SUBTOTAL THIS PAGE	OF SCHEDULE B	\$ 240		
TOTAL OF ALL PAG	SES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$ 40 10		